

The Times and Register.

Vol. XXV. No. 7.

PHILADELPHIA, AUGUST 13, 1892.

Whole No. 727.

	PAGE
ORIGINAL ARTICLES:	
PULMONARY ATELECTASIS AS A CAUSE OF ANEMIA. By Albert Abrams, M.D.	187
SIX PUERPERAL CONVULSIONS IN HALF AN HOUR—RECOVERY. By Dr. O. McLeod Smith	189
EDITORIAL:	
SPECIAL NUMBERS	191
LET US HEAR BOTH SIDES OF THE QUESTION . . .	191
SHALL IT BE A NEW CODE OR NO CODE?	192
ANNOTATION:	
Professional Methods and High Ideals	193
LETTERS TO THE EDITOR:	
Effects of Shock by Electric Wire and Treatment. McCann	193
As to the So called "Dry cell Batteries." Blackwood	194
Cholera Not Necessarily a Fatal Disease. Shade . .	195
Bilious Malarial Fever. Wesselsowski	197
Enlarged Testicle and Rupture. G. R. M. . . .	197
Miscarriage. Coates	198
Summer Diarrhoea. Mardorf	198
Dr. Waugh's Emergency Case. Hancock	198
Correction. Bing	198
THE MEDICAL DIGEST:	
Prevention of Diphtheria from Spreading (Smith)	
—An Adder's Bite and its Consequences (Nature)	
—Therapeutic Application of Yawning (Medical Record)—The Uric Acid Diathesis in Children (New York Medical Journal)—On Graceful Re-treating (Maryland Medical Journal)—The Empirical and Superstitious Curative Treatment of the Indians (Gorham)—Cholera, Treatment of (The Therapeutic Review)—Incontinence of Urine (Med. and Surg. Rep.)—Leg Ulcer (Weismüller)—Butyl Chloral for Facial Neuralgia (The Physician and Surgeon)—Treatment of Lupus Erythematosus of the Eyelids and Face (Brocq)—Antiseptic Pow-	

der, Improved (American Druggist)—Treatment of Pneumonia by Injections of Turpentine (Frank)—Treatment of Goitre, Synovial Cysts, and Hydrocele by a Solution Composed of Iodoform and Ether (Dury)—Myxodema (Robin)—Brown-squard's Solutions (The Medical Press)—Bryonia Alba (Storrs)—Baldness, Treatment of (Whitla)	190, 199-205
THERAPEUTIC NOTES FROM THE FRENCH. Bing—The Influence of Nasal Affections on the Respiratory Apparatus (Chabony)—On the Urticaria and Prurigo of Hebra in Children (Saafeld)—Extem-poraneous Preparation of Glycine Suppositories (Pharm. Pr.)—Phenacetine in Urinary Disorders (Trail Green)—Mercurial Sore Throat (Schuster)—On the Pernicious Influence Exerted by Insects in Certain Affections (Correa)—Formulary: Elec-tuaries for Gonorrhoea (Caspard, Beyard, Dedej)—Injections: Astringent Injections; Injections of Sulpho Carb. Zinc (Le Progrès Medical)—Poison-ing of an Infant from Inhalation of Air Charged with the Vapors of Carbolic Acid (Boulouback)—Abortive Treatment of Buboës by Weiland's Method (La Revue Medical)—Syphilis in Nine-veh and Babylon Among the Ancient Assyrio-Chaldeans, 700 Years B. C. (Buret)—How Cholera Arises and Propagates, and the Means of Oppos-ing it (Mawad)—Carbonic Acid Poisoning (Quinquaid)—Electro Therapeutic Notes (Mosso)—Col-oration of Preserves by Electricity (Kocher)—Electricity in the Veterinary Art—A New System for the Production of Electricity (L'Electrothera-pie)	205, 209, 210
MEDICAL NEWS AND MISCELLANEOUS.	
ARMY, NAVY, AND MARINE HOSPITAL SERVICE.	212
NOTES AND ITEMS	217, 2

Original Articles

PULMONARY ATELECTASIS AS A CAUSE OF ANEMIA.¹

BY ALBERT ABRAMS, M.D.,
SAN FRANCISCO.

IN this paper I will discuss anemia, not as a substantive, but as a symptomatic affection. I have referred elsewhere² to cases of anemia occurring in individuals, the examination of whose lungs showed insufficient distension (atelectasis). Since then my observations have been supplemented by accurate blood measurements, which enable me to assert positively that atelectasis of the lungs is a frequent factor in the etiology of anemia. Atelectasis, or collapse of the lung, is often encountered as a physiological condition, and I have

adverted to it in my "Manual of Clinical Diagnosis,"¹ as follows:

"Remembering that the tidal or breathing volume of the air amounts to only thirty three cubic inches, and the complementary air (which is the air taken into the lungs by forced breathing, in addition to the tidal volume) amounts to one hundred cubic inches, and, knowing that the average respiratory capacity of an adult is about two hundred and twenty-five cubic inches, the conclusion is evident that, even in a state of health, the lungs are imperfectly aerated and in a condition of physiological atelectasis.

"My invariable custom before conducting an examination of the lungs is to have the patient make repeated forced inspirations. In this way I avoid many errors in auscultation and percussion."

I have particularized this matter for the reason that I have failed to find similar detailed reference to physiological atelec-

¹ Reprint from "The Transactions of the Medical Society of the State of California," April, 1892.

² Report of One Hundred and Sixty-three Cases Treated by the Pneumatic Cabinet, *Pacific Medical Journal*, September, 1891.

¹ "Manual of Clinical Diagnosis," Abrams, 1891.

tasis in our text-books on diagnosis. I can recall a number of cases where an examination of the lungs revealed dullness in one or both apices, and where an unfavorable prognosis was given in accordance with the physical examination. I can also testify, with chagrin, that these very cases, which I considered so unfavorable, continued well despite my inauspicious prognostications. These errors in diagnosis are examples of similar errors made by other physicians, and will continue to be made until pulmonary atelectasis is recognized as a physiological condition. I have repeatedly demonstrated patients to my classes in physical diagnosis who showed not only circumscribed dullness of the apices or borders of the lungs, but even, in fact, of an entire lung; and it was shown in these cases how, after repeated forced inspirations, dullness was supplanted by resonance. These cases were not recruited from bed-ridden individuals, in whom such a condition might be expected, but from ambulatory patients. There is no individual, however resonant his lungs on percussion, who cannot render them more resonant after repeated deep inspirations. If atelectasis is found as a physiological condition in robust individuals, how much more frequent is it in those individuals with incomplete thoracic development, who forego all hygienic influences which tend to promote proper respiratory activity? The occurrence of anemia with its concomitant symptoms in pulmonary atelectasis is not accidental, but almost constant. The blood is a definite living tissue whose chemical composition is almost constant. By means of the blood, the constituent elements of the body are furnished with the nutrient substances and the oxygen they require; both are derived from without—the former from the alimentary tract, the latter through the lungs. The entrance of oxygen into the blood is necessarily influenced by the vascular area exposed to the air, which in pulmonary atelectasis is, of course, diminished. The excretion of carbonic acid from the blood must, for the same reason, be impaired. Then, again, the excretion of organic matter during expiration is interfered with, the accumulation of which in the blood conduces to auto intoxication. The symptomatic complex of individuals with collapse of the lung, based on an analysis of twenty-five

cases, is as follows: hæmoglobin (estimated with Fleischl's hæmometer) is reduced to 50 per cent. or lower; the red blood corpuscles are diminished in number. The reduction of hæmoglobin and in the number of red blood corpuscles is proportional to the area of lung collapsed.

Fatigue on exertion, shortness of breath, palpitation of the heart, loss of appetite, and constipation are the usual subjective symptoms.

On inspection, diminished movements of the thorax are noted. Percussion of the lungs shows diminished resonance throughout; the apices may show dullness on percussion, and circumscribed areas of dullness are often found in the interscapular regions, particularly on the right side. The upper lobe of the left lung adjacent to the manubrium sterni is a frequent seat of dullness.

Auscultation shows on quiet respiration an absence of respiratory sounds over the dull areas, while over the entire lung the respiratory murmur is diminished. When the patient is instructed to take deep inspirations, atelectatic crepitation is heard. The diagnosis is usually easy; repeated forced inspirations cause a disappearance of the dullness and a reappearance of respiratory sounds. All my cases showed almost immediate improvement after the inhalation of relatively compressed air by means of the pneumatic cabinet. The improvement in pulmonary atelectasis was phenomenally rapid, and occurred in some of the cases after three or four sittings.

The color of the patients improved, the hæmoglobin and red corpuscles increased, and the subjective symptoms of anemia disappeared.

If relapses occurred, which were not infrequent, they were attributed in the main to neglect of lung gymnastics and a return to former modes of life. In a few cases nasal obstruction led to relapses. In this connection reference must be made to the investigations of Holbrook Curtis,¹ who demonstrated that all patients with nasal stenosis were anemic, and after removal of the obstruction the cases were cured.

In cases where nasal obstruction cannot be removed the simple expedient of

¹ *Journal of the American Medical Association*, August 3, 1890.

having the patient breathe through the mouth may be adopted.

Although I have used the pneumatic cabinet for the treatment of pulmonary atelectasis, I am thoroughly convinced that no special apparatus is required, if the patient is properly taught to make repeated voluntary forced inspirations.

In anemia of pulmonary origin the therapeutic action of chalybeates may be hastened by inhalations of oxygen. Oxygen is as essential an element of hæmoglobin as iron.

Sufficient oxygen for all practical purposes may be taken into the lungs, provided no atelectasis is present, and forced inhalations will prove of great value in the treatment of anemia, although not of pulmonary origin.

Oxygen is now commonly used as a therapeutic agent in many diseases. The oxygen of the blood is chemically united to the iron, and is not subject to the law of absorption, and in consequence the exchange of gases between the gases of the blood and those of the air vesicles occurs almost exclusively through the agency of chemical processes, and therefore independently of the diffusion of gases.

When pure oxygen is respired, the blood does not take up more oxygen than when atmospheric air is respired. Inhalations of oxygen, nevertheless, do good, and this good is effected, to my mind, not because pure oxygen is inhaled, but in consequence of repeated forced inspirations opening up normally collapsed lung areas and thus exposing a greater quantity of blood to the inhaled oxygen. The cachexia of individuals who suffer from cardiac valvular lesions is due largely to stasis in the lungs, the turgid vessels compressing the air vesicles. It can be shown that the blood of these individuals contains less hæmoglobin than normal, and that the hæmoglobin increases when the collapsed lung is opened by voluntary forced inspirations.

I know of no more simple means of relieving the dyspnoea of non-compensated valvular lesions under certain circumstances than by the inhalation of compressed air, the object being to dilate the collapsed areas of lung.

The following conclusions may be formulated:

1. Physiological atelectasis of the lung is a frequent condition.

2. It may be readily diagnosed by the presence of circumscribed areas of lung dullness, which disappear after repeated forced inspirations.

3. Physiological atelectasis of the lung is frequently associated with anemia.

4. In all cases of anemia of obscure origin, examination for physiological atelectasis of the lung should be made.

5. Anemia, due to physiological atelectasis, may be cured after inflation of the lungs.

5. Forced voluntary inspirations are an excellent substitute for inhalations of pure oxygen, and are of great value in anemia from whatever cause.

SIX PUERPERAL CONVULSIONS IN HALF AN HOUR—RECOVERY.

BY DR. O. MCLEOD SMITH,

PALMYRA, VA.

I WAS called very hurriedly on June 22, 6 A. M., to see Mrs. I—in labor; she being a primipara—the cause of the excitement at the beginning, for they are always in great haste with the doctor with the first. I then had a ride of about ten miles before I could reach the bedside of the expectant mother. I arrived about 7.30, when I found my patient complaining very much of her back.

Digital examination revealed a vertex case in first position—os rigid. Gave chloral hydrate, gr. xv, which relieved the backache very much and also helped the os to dilate readily. Labor progressed exceptionally well for a primipara, "pains," or, rather, uterine contractions being perfectly regular, but rather short in duration. At 11.10 she was the mother of a large, well-developed, ten-pound boy; no laceration of perineum, and no more of the cervix than is always found in the little "nicks" around the external os after the first delivery. Placenta was delivered in about half hour—hemorrhage right profuse, but not alarming. Gave 30 m. fl. ex. ergot as head was born. Everything seemed to be all right then. Dinner being ready, I walked in and ate my dinner and walked back to the room where my patient was, inquiring naturally about the "wasting" (as they understand it), head symptoms, etc., each answer coming in the best way. This was about 12.30, and, being my rule to stay with patient an hour and a half after de-

livery, I was fixing to go on to other patients. About 1 P. M. she says: "Doctor, my head hurts, and I can't hold my hands still." I knew what I had to deal with then. I looked, and my patient was in a convulsion. A doctor's imagination will never tell him what a puerperal convulsion is, but can only be known in reality when he is far away from a brother doctor and in the awful dilemma of treating the dread affection alone; but, if he ever had any medicine in his head, it will quickly show itself or will have gone he knows not where. With a half dozen friends screaming and halloing and pulling the doctor's coat-tail, and everything else to do and think of himself, it is little wonder that he has any sense at all. I quickly cleared the room of all these, only enough to help, and went to work for my patient. Knowing that convulsions coming on so long after labor were the most serious form, I recognized that my work must be systematic and scientific in every respect, or my patient would soon pass to another shore, where doctors cannot reach. (I mean they cannot practice medicine across there and bring patients back.)

Now, what must I do?

I gave her a hypodermic injection of morphine sulph. gr. ss, followed by pilocarpine mur. gr. $\frac{1}{8}$ by same channel. In fifteen minutes it seemed that my remedies had had little or no effect, when I gave of morphine sulph. gr. $\frac{1}{4}$ and atropia sulph. gr. $\frac{1}{16}$ hypodermically. In fifteen minutes my patient was in a profuse perspiration and sleeping. During the first fifteen minutes I bled her from median-cephalic vein about 8 oz., thinking that enough with the amount lost before I stopped. I did not use chloroform because I had no time to do it, and were I by myself again, I would not use it unless I had more time, but would use more permanent remedies. I had two reasons for giving chloral at the beginning, *viz.*, to help dilate that rigid os and to cause free urination, which it did, it being the best and most certain remedy I have yet used for albuminuria. When my patient awoke at 3 20 P. M., she called for water. I then gave her chloral hydrate gr. xx and bromide potass. gr. xxx, and continued it every two hours for twelve hours, when I considered my patient safe. I then put her upon ergot and quinine to take and hot water and carbolic acid as a vaginal wash.

In two weeks she made a good recovery and is now well. I think my large dose of morphine and my pilocarpine cured her. Will be glad for the editor or any brother doctor to give his views. Was not spoken to before I was called to deliver her.

DIPHTHERIA is prevented, in a measure, from spreading, according to Dr. J. Lewis Smith, by keeping a quart of water containing two tablespoonfuls of the following solution simmering on the stove in the sick room:

R.—Acid carbolic,
Ol. eucalypti. āā 3j.
Spt. terebinth. 5viij.

AN ADDER'S BITE AND ITS CONSEQUENCES.—The historical accounts of the death of Cleopatra are vividly recalled by the following realistic account given in *Nature* of the symptoms following a bite by an adder, contributed by a gentleman who was unlucky enough to find himself enabled to furnish reliable details, which does not increase one's desire to repeat the experiment. The adder "went" for his thumb, and, although he followed Queen Eleanor's heroic example in his own person, the arm and hand soon assumed phenomenal dimensions, followed by a peculiar taste in the mouth, and, *horresco referens*, by a sensation of "swelling in the teeth." This must be a feeling at least as distressing as it is unprecedented; but if the swelling in the teeth was a subjective phenomenon, that of the tongue was unpleasantly objective. The next series of symptoms comprised excruciating pains in the "stomach and heart," not to be described by words (probably on account of the tongue being too voluminous to move), and for two days the arm rivaled the leg in size. It is with a feeling of positive relief that one learns of the victim's ultimate recovery, and one's satisfaction deepens into admiration on learning that, instead of destroying the reptile at once with premeditated ferocity, he has given it a local habitation and a name, and feeds it methodically with small frogs. He should, however, have a care, lest the fable of the man who took a frozen serpent to his bosom receives a practical application in his person. Vaccination in this case probably does not insure immunity.

The Times and Register

A Weekly Journal of Medicine and Surgery.

WM. F. WAUGH, A.M., M.D., Managing Editor.

EDITORIAL STAFF.

W. F. HUTCHINSON, M.D., New England Editor.

A. E. ROUSSEL, M.D., Philadelphia.

HERMAN D. MARCUS, M.D., Philadelphia.

LOUIS LEWIS, M.D., Philadelphia.

E. W. BING, M.D., Chester, Pa.

E. P. HURD, M.D., Mass.

MARY A. D. JONES, M.D., Department of Gynecology.

THE TIMES AND REGISTER,

FORMED BY UNITING THE

PHILADELPHIA MEDICAL TIMES,

THE MEDICAL REGISTER,

THE POLYCLINIC,

THE AMERICAN MEDICAL DIGEST,

Published by the MEDICAL PRESS CO., Limited.

Address all communications to

1725 Arch Street, Philadelphia.

PHILADELPHIA, August 13, 1892.

WE have in preparation a special number devoted to Health Resorts for Consumptives. We should like to hear from all parts of the country, but especially from resident physicians in the Southern Rocky Mountains regions, and the Southern Appalachian regions. The articles must not be in the nature of advertisements of hotels or private sanitariums. To be entitled to the fullest confidence, articles should candidly acknowledge any marked disadvantages of the region for permanent residence, as disagreeable winds, dust, etc., malaria, liability to sudden cold storms, as "blizzards" or "northers," scarcity or poor quality of water, and any other disadvantages which the stranger is sure to find upon becoming acquainted with the country. Such things, fairly stated, usually do not deter the patient from going, but only prepare him for what he may expect. It is only the wild, vague, undefined rumors that prove a "bogey man," as, in the absence of accurate information, the patient fears that they may be a great deal worse than they really are.

A very important matter, which is nearly always omitted in articles on this subject, is the means of support in such localities. Most patients can only be benefited by permanent residence. Many wish to have their family and relatives settle with them. Very few, indeed, are able to live all their lives at an expensive hotel. Their first question is, "How can we make a living there? and what is the smallest amount of capital with which we can start in any kind of promising employment?" A brief, sensible consideration of this phase of the subject will add a great deal to the value of an article. In fact, brevity, completeness and clearness should characterize all the articles on the subject.

LET US HEAR BOTH SIDES OF THE QUESTION.

IN the May issue of the *International Journal of Surgery*, there appears an article from the pen of Dr. McFadden Gaston, of Georgia, late Chairman of the Section of Surgery, of the American Medical Association.

The doctor, after detailing in an able and interesting manner the technique for an operation, for resection of cancer of the rectum, after Kraske's method, actually tells us, "that his patient died."

This, indeed, is startling news; in these days, when we so often read of operations, practically impossible of performance, being always followed by cure. If the unfortunate man be by any means gotten outside of the hospital walls, with a breath of wind in him, his case is at once, set down, as a great success.

All honor to Dr. Gaston. Though we have not the honor of a personal acquaintance with him, we will venture to recommend him to the whole American public, as a safe and conscientious surgeon. Let us hope, that Dr. Gaston will soon be followed by many worthy imitators in this grand work of spreading the light; of giving us the dark, as well as the light side of their operative results. When a surgeon, after proper consultation with those competent to give an opinion, and

he himself properly skilled and prepared, proceeds with an operation, and has the misfortune to lose his patient, he should have no misgivings to publish the fact. Novelties and successes, it is true, the masses are looking for; but, we should strongly impress on the young and inexperienced, the danger of prematurely giving their adhesion to an operation, which has little else to recommend it, but its newness; and be a bit skeptical of those successes in classes of operations, which are not approved by the ablest authorities, in our profession.

SHALL IT BE A NEW CODE OR NO CODE?

IN connection with the late meeting of the American Medical Association, this query suggests itself.

Are we then to have a new code, or none at all?

The *New England Medical Monthly* set the ball rolling on this question, in an article, which appeared just before the Detroit meeting, entitled "A Question to be Answered." It asked, in a nut-shell, on what ground Dr. W. W. Potter could serve as one of the Trustees of the American Medical Association, when he was in active sympathy and a member of a society, which had openly repudiated and bid defiance to that Association?

The Judiciary Committee of the American Medical Association, supported by its members, responded, by expelling Dr. Potter from the Trustees, and by this act, practically expelling him from membership from the Association. Dr. Vanderveer, of Albany, in the same boat with Dr. Potter, inquired, to learn his status. This decision practically settles his status.

An immense victory for the old code, they shouted.

Not so fast!

Quickly after this action, a motion went through, which, in its operation, will shake the old organization, to her very foundation. A committee was appointed from the National Organization, the State Medical Society of New York, which is now

in rebellion on the code question, and the New York State Medical Association, and it is supposed to amend or abolish the code. The new code won the day, though worsted at the start. There is no disguising it, that the specialists, as a body, want to wipe out the code. It appears that in New York, where the code agitation originated, the specialists and consultants, with a few rare exceptions, went in a body over to the new code faction; for by the provisions of this new product; physicians are permitted to consult with any legal practitioners, and by a rider, which was finally added, when it was amended; the consultant, when he is called, is permitted to continue his visits *ad infinitum*.

Now, we may seriously inquire, Is it desirable to revise the code, or throw it over, altogether? In this matter, we must be guided largely by analogy. It appears, that in New York City, since the new code was introduced, that more than one-third of the members of the regular profession, practicing there, belong to no medical society, at all.

There are two regular medical societies there, the "new coders" and the "old coders." Ten years ago it cost seven dollars to join the County Medical Society—initiation and annual fees—now, one can join for two dollars and have a free-lunch, thrown in, beside.

One feature, suggestive and well to notice, in medical society matters in New York, is the numerical strength of the rival organizations of regulars. The County Medical Society had the prestige of all the specialists and the three medical colleges; yet, we are informed, that the County Medical Association, which is composed almost exclusively of general practitioners, has now a thousand members.

Can the code be revised to the advantage of the profession? is the question to be solved.

If it can, then away with tradition and reminiscences and let it be consummated, the sooner the better. But, in the meantime, the profession can afford to move

slowly in the matter, and so act as to sacredly guard the interests and privileges of the yeoman element in the ranks, the conscientious, plodding practitioner; as well as advance the interests of the small minority of specialists, or those ambitious to crowd to the front, regardless of how they get there.

Annotation.

PROFESSIONAL METHODS AND HIGH IDEALS.

“**A**PPROACH all scientific questions with cold, sober reason and realism; in all human relations, keep alive your warmest enthusiasm and your loftiest idealism.”—*Prof. Nothnagel.*

It would be difficult to conceive a happier or terser synopsis of the motives which should animate a medical man in his double character as scientist and citizen. To hold himself aloof from theological possessions, to ignore the sentimental aspects of scientific problems, to emancipate himself from the bias of the schools and the conservatism of long-cherished belief—these are the duties which clamor for fulfilment on the part of every earnest and honest student of nature. Truth is his guide and goddess, and in his capacity as scientist not one whit of his devotion is due to any other divinity. Weighing all things, and following his reason with unfaltering trust, he may be assured that the painful overthrow of present convictions will be followed by abundant compensations, for the truth is never permanently destructive. Out of the chaos of opinion resulting from rigid and impartial investigation will arise a host of beliefs capable of sustaining the most destructive criticism.

—*Med. Age.*

[We fully believe that the above noble and lofty aims will be possible only when the department of medical science and practice is placed above the necessity of private reward and common commercialism by an adequate system of public endowment and organization.—J. J. T.]

Letters to the Editor.

EFFECTS OF SHOCK BY ELECTRIC WIRE AND TREATMENT.

WITH the advent of electricity as a motive power and for lighting purposes, accidents must frequently happen to the operators and others who may come in contact with the wires.

I am treating my third case of shock by electricity, and since there is nothing to be found in the various authorities on the subject, I thought my experience in those cases might be of interest to some of the readers of THE TIMES AND REGISTER.

My present case, a motoreer on the street car was struck by the falling of a trolley wire, and, as is usually the case, he had his hands on the brakes; so, as soon as the wire struck him, the current was formed and the man was knocked down. He remained insensible for a short time, and on returning consciousness he found he had entirely lost the use of himself; to use his own words, he felt as though he were having a nightmare.

After the lapse of from a half to a minute or two he regained control of the muscles of one side, but he still was hemiplegic. In the course of half an hour the paralysis left him in so far that he was able to move his body and limbs at will, but still there was no strength in the muscles, so that when he was helped upon his feet he would immediately fall.

Such is about the condition and history given when the physician arrives at such a case. On my visit to the present case I found him sitting in a chair and the history was as given above. He had been helped home, and on examination I found him in a state of anæsthesia, the breathing was labored and accompanied by an irritable cough, the pulse was slow and weak, eyes red and suffused with tears, and the pupils dilated, and the mental condition obtunded.

After the course of an hour this condition was succeeded by a general hyperæsthesia. He complained of extreme headache, neuralgic pains over the body, particularly on the limbs, a sense of fullness or weight over the eyes, pain on taking a long breath, profuse perspiration, a constant cough of a hacking character, and instead of an obtuseness of the intellect the mind became active; he talked

continuously, and was inclined to be sociable and jocular.

The next day he was able to walk about, but complained of lack of strength and a feeling of prostration, the headache, neuralgic pains and cough still persisted, and he was nervous and apprehensive of danger.

Those symptoms have gradually subsided, but the patient, after nearly three weeks, still complains of want of appetite and a feeling of debility.

The treatment I have employed has been purely symptomatic in each case, a hypodermic injection of strychnine, and a little stimulant if seen early during the stage of depression, and later morphine in sufficient quantities to relieve pain and quiet the excitement, and finally, with the subsidence of the acute symptoms, general tonics.

If any one has anything to add in the treatment we would be glad to hear from him.

C. L. McCANN, M.D.

ST. PAUL, MINN.

AS TO THE SO-CALLED "DRY-CELL BATTERIES."

THE communication from Dr. Sangree in THE TIMES AND REGISTER for the 23d inst., in which he refers to the remarks made, some time ago, by Dr. Hutchinson concerning dry-cell batteries, leads me to make a few remarks on the matter, and I start by saying that "things are not always what they seem," in the classic language of "Pinafore;" also, that it depends on what angle you view a problem in reaching the result; in short, there are two sides to every question. Within the last six days, I have had three chloride of silver batteries sent to me for examination by the owners, who declared that they were unfit for use, and in two of them they were fresh from the factory; the second having never been used, and the first having been "renewed" after a fair life. Both of these were perfect. The other of the three was destroyed by sheer carelessness, through laying an ordinary Simpson's uterine sound on the switch-board, the included cells thus being short-circuited, and, of course, burnt out.

I took much interest in the Barrett battery, on its appearance, because it was a radical departure from old standards, and a good departure at that. Never till then had a battery been produced which was

at once so portable, so clean, so reliable, so cheap at first cost, and so economical in renewal when worn out. Aside from the fact that its internal resistance made it less powerful in electro motive force than the usual styles, it had no defects that I knew of. The cells were of hard rubber, and were easily unscrewed by its owner for examination; after the transfer of the manufacture, however, to the new makers at Baltimore, the cells were changed in their build, and for the worse, in my opinion. I have been told that the rubber cells were discarded in order to prevent any one from repairing them, if so disposed; and, again, because the new style of construction was much cheaper. Both of these conditions are certainly true in themselves, for the build is cheap as compared with the original plan, and no one but the maker (with very few exceptions) can renew the cells when exhausted. At the same time, my experience with hundreds of persons has shown me that not more than 5 per cent. of all users know anything at all about electrical apparatus; they have to send the machine to the maker for the most trivial difficulties. I have fixed hundreds of batteries of varied descriptions in a few minutes, which had defied the efforts of their owners for months, and sometimes the skill of so called surgical instrument makers who pretended to repair such apparatus. In the case of the chloride of silver machines, it is simply fraud for ordinary instrument-makers to assert that they can renew the cells of the Barrett instruments; they cannot. In the battery referred to as being my first investment in this line, I have repeatedly renewed the elements, because the cells are easily handled; but with my latest style I have not yet had the opportunity to dissect the cell, and to thus discover its make-up. I have, however, several batteries at my disposal which are useless to the proprietors from being worn out, as they say, and some of these days, or nights, I will go at the problem, and see what there is in it. In discussing the question of wear and tear of batteries, there are these points to be taken into account: a galvanic battery will wear out in proportion as it is used—

1. In frequency;
2. In the length of the séances;
3. In the resistance employed in the circuit;

4. In the method of usage, *i. e.*, if used under proper rheostatic control, with all the cells in circuit, its life is evenly distributed as compared with the plan of coupling up a few cells here and there, thus generally wearing the proximal cells more than the distal ones;

5. In so-called "short circuiting."

If the battery is not destroyed by carelessness (No. 5), it will wear a very long time. I have used one of this make for about an hour daily for three years, and it is good yet. It depolarizes nearly as readily as the Leclanche does, under rest, and that is saying a lot for it. If not dropped on the floor or the pavement in transportation, it will wear out evenly, as it is not likely that any of the bars forming the anodes and cathodes would break; if one should be fractured, it is easy to drop that particular cell from the circuit by wiring those together on either side of it. (The broken one may be detected by a galvanometer.) The ordinary type of medical batteries cannot be ruined farther than the destruction of their internal electrodes either by ordinary wear or short-circuiting, and in both instances the resulting condition is the same—the elements only need renewal. In a "storage" cell the internal resistance is so extremely low as to make its short-circuiting a lightning discharge, and the whole affair may be blown up or melted. Not knowing how much the new style cell of the chloride of silver differs in internal resistance from the old, I am unable to say what the result of prolonged short-circuiting would be; as the cells are apparently covered with wax or a mixture of that nature, and as Dr. Sangree states that he found glass fragments in the melted mass, the cell is evidently fragile. It is possible, therefore, that a short-circuit could melt the cells by the developed heat and the pressure due to electrolysis of the electrolyte (not the voltage of the external circuit, but the expansion of the cell itself through the amperes developed in a circuit of practically no resistance at all). The only other way, to my mind, in which melting could occur, would be by exposure to external heat of a high degree, in which case the box and tray with its contents would be burned; neither could the cells be broken off from the binding-posts of the covering-plate without a fall, and here there would be no pasty mass formed, the

cells would be simply detached from the plate or wires connecting the electrodes to the binding posts.

Without at all doubting the opinion given by Dr. Sangree, I think the battery was short-circuited, as it is an easy matter for curious or careless persons to play with machinery which they do not understand (I don't refer to the doctor, but to outsiders), and this I have known done in the office of one of my most esteemed friends in the faculty of the Medico-Chirurgical College. I do not agree with what Dr. Hutchinson says about accessibility to the interior of batteries; the less most doctors handle the inside of their machinery, the better, unless they are mechanics and electricians. I do not mean electrotherapeutists; a man may be a good example of the latter, and know nothing whatever as an electrician. By careful use of any apparatus, it will last long; by careless use of it, nothing will stand; and it is just because of this fact that I value the Barrett chloride of silver battery so highly as I do. With proper care, it is indestructible; nothing that a physician needs from a battery will break it up. When run down, it is cheaply renewed, and then it is practically a new machine. I would not have in my possession a zinc-carbon affair with its dirty electropoison fluid for any consideration. With a well-chosen set of Leclanche cells ("Axo" type), of a hundred or more for your office work; a well-built differential set of faradic coils, actuated by Smee cells for the same work, and a combined Barrett chloride of silver battery for portable demands, you are in good shape for all that may come along. When I hear men talk of the expense they have to undergo every three months for repairs to their traps, and when I think that I spend less in ten years for keeping up my own outfit (which is twenty times or more larger than any they possess), I feel sorry for them, but that don't do them any good.

Before me, as I write is a combined 50-cell galvanic and faradic chloride of silver battery which has given me over six hundred hours work for all kinds of demands without renewal or difficulty. It was given to me as a testimonial by a "G. P." (Grateful patient—holy smoke! did you ever have one?) I don't ask anything better than that from the machine. Where is the battery of any other type with a longer record under similar circumstances!

The old style meter of this company is very imperfect, as are all so-called medical meters; they really are not "ampere-meters" at all, but "volt meters." The new style of horizontal meter which they have put on the market is not familiar to me, so I have nothing to say about it. Using meters for many other than therapeutic matters, I employ high-priced arrangements, and they are the ones to have anyhow.

I have written the above in an impartial spirit, not wanting to take sides in this matter between the doctor and the makers of his battery. He has been unlucky, and I am sorry for it; but I know that in all my intercourse with Mr. Barrett when he had charge of the business, everything was done to make the physician satisfied with his purchase. I hope the people now handling the battery are doing the same for us. The batteries I now own were bought from dealers here and in New York, not from Baltimore; when, however, my new style batteries run down, I shall send the box to the builders.

Although neither Doctors Hutchinson or Sangree definitely named the Barrett chloride of silver battery as the one referred to, it is evident that it is the one meant; hence, I speak of it directly. A correspondent once made dreadful strictures on the habit so many reviewers have of praising all books they get hold of, and the poor victim kicked, because when he bought the book it wasn't at all worth having. Therefore, I think it right to say what you mean when growling; if I am wrong about this thing, then I take it all back. I am not wrong, however, for there is no other battery such as these gentlemen talk about in this country, and the Gaiffe make of similar construction is N. G. Electrotherapeutics is gaining ground all the time, and, as it is important that general practitioners should be supplied with apparatus that is manageable by them without irritating break-downs and costly expense, we must stick to apparatus that fills the bill; the chloride of silver battery is, so far, the best of all on the market. It should have a fair show on its merits.

As I said in beginning, I do not pretend that Dr. Sangree is wrong in his opinion that the battery was imperfect when he got it; it may have been injured in its travels, or it may have been spoiled by meddlers in some unknown manner. It seems, however, to have been short-cir-

cuted. The apparatus under consideration is, by far, superior to all others for the physician, and is used for testing by many electrical companies because of its intrinsic merits and its ability to bear rough usage. It is just as safe when put away upside down, on its side, or on either end, as when standing upright; no other cell can be thus used, despite hydrostats and other impedimenta. The new No. 8 faradic is extremely handsome and complete.

W. R. D. BLACKWOOD.

246 N. TWENTIETH STREET, PHILADELPHIA, PA.

CHOLERA NOT NECESSARILY A FATAL DISEASE.

CHOLERA in Asia is "Asiatic cholera," cholera in America is *American cholera*, and not "Asiatic."

While I heartily endorse all that Dr. C. W. Chancellor, Secretary of Board of Health for Maryland, says in his pamphlet entitled, "Prevention and Restriction of Cholera," I am persuaded that the chief cause of cholera is a susceptible condition of the muco-serous tissues of the physical system, superinduced by the retention of secretion and fermentation of feces detained in the alimentary canal. While it is highly important that every precaution should be exercised to stay the spread of an infectious disease, the fact should not be lost sight of that, unless there is an accumulation of the peculiar soil in the muco serous tissues, the germs of cholera cannot develop. In other words, if the bowels are well regulated, no engorgement or constipation allowed, no fermentation of food in the intestines, principally in the duodenum, it becomes an impossibility to develop cholera or any other infectious disease arising from a germ, for without *proper soil* to receive and develop the germ of a disease, negative results follow of a necessity. I am giving my thoughts and suggestions for the perusal and consideration of those of the profession who believe in the "germ theory." This has been my experience in twenty-one years general practice, more particularly in typhoid, typhus, and all other fevers, as well as scarlet fever, diphtheria, erysipelas, child bed fever, etc. I prefer the hydragogue cathartics, *hydrargyri chloridum mite* in purgative doses, and repeated as often as necessary to accomplish the object, *viz.*, clean the tongue, empty the twenty-five to thirty feet of intestines. I have yet the

first time to do harm with purgatives in the early stages of infectious disease. If any one will explain to me how diarrhoea sets in, in typhoid fever, if not caused by retained feculent matter, producing ulceration of the bowels, commonly located at "Pyer's patches," I will explain how it is possible to have cholera develop in an empty alimentary canal, or how the husbandman could grow grain where there were no soil to receive and develop the seed sown. I know very well in all cases of typhoid fever, when I succeeded in emptying the bowels well, and clearing the tongue in the first week, there never was an attack of diarrhoea to come on, nor sequelæ to follow, which proves that the cause has been removed. In all these cases the attack was shortened. I have no more four-to-eight-week typhoid fever cases. I have said more about typhoid fever than I had intended, however, I hope the young physician will take a pointer which will make him a valuable reputation in the treatment of infectious diseases. Well, what should be done to prevent cholera? I would suggest flushing the bowels with a half gallon or more hot water thrice weekly during an epidemic or exposure, drink refined magnesia in a cup of hot water every morning on rising, and enough acid drinks to keep the system a little excessive acid, which it should be to enjoy health. If there is a coated tongue or a clammy taste in connection with constipation, several large doses of *hydrargyri chloridum mite* should be followed with magnesia or sulphate of magnesia in hot water in the morning.

I mean all I say, when I assert that no one would die of cholera if my suggestions are carried out, unless complicated with some other disease.

N. B. SHADE, M.D.,

WASHINGTON, D. C., "THE LINCOLN," 1014 AND H, N. W.

ABOUT ten days ago I commenced to treat a case of bilious malarial fever, with little granules. I gave the following for about five days: Aconitine every fifteen minutes, until sweating freely; every fourth dose, a granule of digitaline. After the girl, aged fourteen years, took this for about three days, she would vomit considerably after taking the medicine. I then switched off to the trinity pills, made by the Ph. Dosimetric Co. The first two days, while giving the granules close together, I was able to produce a

sweat; but, after that, thinking that the vomiting was caused by pushing the medicine, I gave it at intervals of one-half to one hour. I had a temperature of $102\frac{1}{2}$ to $103\frac{1}{2}$, and I could not get it lower. I then commenced on the old plan again—acetanilide, 2 gr.; sp. æth. comp., 5 m, and fluid extract of dig., j, to be given every hour, until sweating freely; then every three to four hours. It had the desired result, keeping the fever down to $101\frac{1}{2}$. Now, I wish you would kindly tell me if it is my fault that I could not make the granules or the trinity do its duty. I feel positive that this will be the treatment of the future. I ordered Castro's book of Mr. Morrison, to see what he has to say in regard to treatment.

Again, I have been using your children's anodyne pill for a baby with colic. Not knowing how it would act, I ordered a granule every hour. (No effect.) I then told them to give it every half hour. (No effect.) They then gave sixteen granules in seventy-five minutes, but, to no effect. I then had the granules returned. How would $\frac{1}{8}$ gr. of morphine do in a baby three months old? How often would I have to give it?

JULIUS WESSELOWSKI, M.D.

JEWELL CITY, KANSAS.

[I would suggest in such a case granules of zinc sulpho-carb., 1 every five to fifteen minutes till stomach settles; a suppository of 20 grains quinine and arsenite of copper, 6 granules, gr. $\frac{1}{34}$ each, daily, for at least a week. Repeat, if needed, every other day. This is a specific fever, requiring quinine in full doses, the granules being simply adjuvants in such cases. W. F. WAUGH.]

I AM taking THE TIMES AND REGISTER and am well pleased with it. I am in trouble and would like a little help. I have a case, young man with enlarged testicle and rupture with it. Shall I remove testicle? It is getting larger all the time. How shall I prevent hemorrhage? I had trouble once with that.

I have a case of hare-lip, a babe. When is the best age to operate, and would you give ether or chloroform for the operation?

I have a case, lady with tumor in right side, getting larger; not very tender. Is it ovarian? It is not painful and she menstruates all right.

I want a work on surgery, not too large, but all operations described; all the procedures minutely detailed, and the best splints and bandaging.

Yours truly,
G. R. M., M.D.

THACKERV, ILL.

[Get Gerster's Antiseptic Surgery, or Wyeth's Surgery.

As to this first case, it is probably cancer, and, if so, the testicle ought to come out at once. The case is one that offers an opportunity for some skillful surgery, in removing the testicle and repairing the rupture. There ought to be no difficulty in controlling hemorrhage in this case, by hemostates, ligation or torsion.

The hare-lip should also be operated upon at once, but I would not use chloroform or ether.

The tumor may be ovarian, but as no description is given, it may be a hernia, aneurism, abscess, or cyst. As to operating, better first ascertain exactly the nature of the tumor; though a growing tumor is almost certainly a case for surgical interference. W.]

MAY I follow you to the mountainous regions of Pennsylvania, to ask a question?

A woman of about thirty-six years had a miscarriage four weeks ago, three months pregnant—supposed. Has had three pretty violent hemorrhages since: One four weeks ago, one one week ago, and another last night; foetus discharged four weeks ago last night, and placenta the following day; both seemed to be whole; bleeds some most of time.

Her habit has always been to bleed freely and from the beginning of each period; is anæmic; farmer's wife, and works hard, when at all able.

Am much pleased with your article, "The Bedford Cure," in issue of TIMES AND REGISTER of 30th ult.

Very truly,
TRUMAN COATES.

RUSSELLVILLE, PA.

[Plug vagina firmly with antiseptic cotton, put patient to bed, raise foot of bed four inches, remove pillows from under head, give fifteen drops tinct. digitalis and a dram of vin. ergot every four hours. Use catheter to relieve bladder. Remove cotton in twelve hours, and the contents

of uterus will probably be found adhering to tampon; if not, renew tampon once. If no result, curette or wash out uterus. W. F. WAUGH.]

IN the June issue of the *Medical World*, I read your article on the treatment of summer diarrhoea, and wish to thank you for the numerous suggestions you offer. Up to the present, I had never used the sulphocarbolate of zinc internally, and its use as per your suggestion is to me a most welcome revelation.

I have not had opportunity to employ it much thus far, but the results have been sufficient in number to satisfy me as to its merits, and I will gladly use it when occasion offers.

I also wish to ask whether the doses of the combination of hydrastis, carbonate of potash and aromatic syrup of rhubarb are correct as printed. They appeared to me rather large, and I hesitated to use the combination on that account. I have not used the hydrastis internally, and did not like to give it in drachm doses before hearing from you. I enclose stamp for reply. W. C. MARDORF.

1302 CHOUTEAU AVE., ST. LOUIS, MO.

[R.—Potass. carbonat. ʒss.
Tr. hydrastis fʒiv.
Syr. rhei arom. q. s. ad ʒʒiv.

M.—S. fʒj for a child in second year, every two to four hours. W.]

IN THE TIMES AND REGISTER of July 16, is Dr. Waugh's emergency case. I am much pleased with his article, but I find one remedy noticed to which I am a stranger, and I cannot find anything about it. Please tell us what trinitrin is. Yours, respectfully,

CHAS. HANCOCK, M.D.

DENMARK, IOWA.

[Trinitrin is one of the various names for nitro-glycerine.]

YOUR compositor made an "interesting" mistake in the article on broncho-pneumonia, July 23, page 113, eighth line. The word should have been "intestinal." I think I wrote it plainly enough. It makes the whole sentence absurd.

Yours truly,
E. W. BING.

The Medical Digest.

THERAPEUTIC APPLICATION OF YAWNING.—In certain affections of the throat, such as acute pharyngitis, catarrh of the Eustachian tube with pain in the ear, a Swiss *confrère* says that he obtains excellent results from making the patients yawn several times a day. It produces, it seems, almost instantaneous relief; the symptoms rapidly subside, and the earache disappears. Frequently the affection is cut short by this novel treatment. Yawning produces, as every one knows, a considerable distention of the muscles of the pharynx, constituting a kind of massage, and under this influence the cartilaginous portion of the Eustachian tube contracts, expelling into the pharynx the mucosities there collected. According to M. Naegéli, yawning is more efficacious for affections of the tube than the methods of Valsalva or Politzer, and is more rational than the insufflation of air, which is often difficult to perform properly. — *Medical Record*.

THE URIC ACID DIATHESIS IN CHILDREN.—It is well known that in infancy the urine frequently contains free uric acid, and that a deposit of urates is so common as to be almost regarded as normal. They may appear for a considerable time without producing appreciable symptoms. In childhood the continuous presence of uric acid is invariably accompanied by symptoms more or less distinctive. These symptoms are discussed by Sutherland, in an interesting paper published in the *British Medical Journal*, for April 23. The subjects of this diathesis, he remarks, are often easily recognized. They have small, restless bodies, and are precocious, excitable, and nervous, at times bright and cheerful, at others quiet and depressed. They sleep poorly, and wake early in the morning; they have dainty and capricious appetites. They take cold readily and perspire freely upon exertion. The feet and hands are usually cold. The pharynx is often relaxed and irritable, causing a harsh cough, most troublesome when the child goes to bed. The tonsils and the adenoid tissues of the naso-pharynx are subject to inflammation, and are frequently found thickened and enlarged. The tongue is coated and the breath foul, and frontal headache is very

common. Abdominal pain is common, and is not infrequently located in the right iliac fossa.

When uric acid is being excreted from the system, pain is one of the most prominent symptoms, and may be located in any part of the urinary tract. If the irritation is in one or both kidneys, the pain may be located in the back, passing downward or forward, or it may be felt entirely in the umbilical region. This pain is usually intermitting in character, and may be intense. It is accompanied by nausea and shivering. When the bladder is irritated by the crystals or by the excessive acidity of the urine, the pain is suprapubic and reflected along the urethra to the meatus. The greater the proportion of solid to fluid constituents in the urine, the more marked will be the pain. It is a characteristic of the subjects of this diathesis that they drink moderately but sweat profusely, the result being that the amount of urine passed is small. — *New York Medical Journal*.

ON GRACEFUL RETREATING.—Among the many practical lessons that are not taught in the schools is that of retiring in good order when vanquished at any point in a therapeutic contest against disease. Every young physician is, at times, humiliated almost beyond endurance by finding that his best efforts terminate in failure. Sometimes it is the obscurity of the disease which baffles him. Sometimes he has, with the ardor of a young recruit, been leading an assault upon an incurable disorder. Sometimes a slightly different therapeutic agent of the same class of drugs is the one really needed.

The experienced therapist has learned by sad reflection to snatch victory from the very jaws of defeat. If retiring daily before an invincible disease, he keeps his face to the foe, replaces each vanquished agent calmly and quickly by another of well-tested virtue, and leaves no rows of half-empty bottles to mark, like unburied corpses, the line of his retreat. He neither, like the lover of newly imported and untried remedies, risks annihilation by rash charges; nor does he, like the therapeutic agnostic, withdraw into the fortified camp of inaction and leave the field to the enemy; but, realizing that his duty is to fight wisely, he ever keeps the field, whether advancing cautiously, or retiring with face to the foe and seeking to learn

the causes of his defeat. He will never "give up the patient's case, because nothing more can be done." Help comes sometimes from most unexpected sources. The "weather changes," bringing convalescence; or an attendant or relative suggests some local simple which meets the emergency, and takes its place forever after in the doctor's armamentarium; or, moved by unseen impulses, the patient, if hysterical, may take pity on the doctor and get well; and if he has retreated wisely and reluctantly before her superior tactics, and gained her respect, she will almost invariably so capitulate at the last moment, and will ever afterwards choose him as her physician.

As the reputation of some of the world's greatest generals has been gained by bravery and wisdom shown in retreating before a superior enemy, so the practice of many a family physician in a community has been founded by his devoted and unflinching attention in an apparently or really hopeless case.

Sometimes a consultation with a practitioner of greater age or more special skill in some particular department of medicine will bring the desired relief; and, indeed, we hold that in obscure cases the physician is in duty bound to call for such reinforcements. Yet, in the contest of therapeutics the practitioner usually stands alone. The obstacles which so stubbornly withstand him should be the agencies by which he is led onward toward the calm reflection, the keen discrimination, the unflinching moral courage, the fertility of therapeutic resource and the pervasive hopefulness of the perfect physician.

—*Maryland Medical Journal.*

THE EMPIRICAL AND SUPERSTITIOUS CURATIVE METHODS OF THE INDIANS.—Medicine as practised by Indians is thoroughly empirical, and the same may be said of the other inferior races, which constitute, of course, the majority of the human race. But the Indian has a system all his own, and some of his methods commend themselves for their innate excellence. The squaws often show an instinct that is remarkable, leading them to choose food that is best suited to a patient. When one of their number is suffering from a cold and fever, they restrict the diet, seek dark and well-ventilated places, drink water in which the acrid juice of certain roots and herbs has been

mixed, eat a bit of fruit (melon), drink mare's or cow's milk—or, more probably, the whey from the sour, thick curds—and often plunge into the cool stream. When constipated, they feed fatty substances, giving oil or fat procured from animals or from vegetable substances, until the evil is remedied. Again, the coarse meal, or corn-grains, are burned or parched, and then pounded and made into a batter by mixing with whey or water, and a decoction of pepper tea brewed and added, to be given in troubles of an opposite nature. Disease of any form, when once it goes beyond the skill of these not unskilled nurses, is looked upon as the work of the evil medicine-man—the malignant, bad spirit. This spirit is in the power and at the bidding of an enemy, and the good medicine man, or witch doctor, is called in, and, by the aid of a mysterious magic, proceeds to find out what is the matter, and often pretends to take from the limbs, or the affected part, nails, pieces of bone and stone, or broken bits of obsidian, and proceeds to exorcise the evil spirit by many wonderful feats of magic. The fear of the unknown is the horror that hangs, in an unexplained manner, about their lives; and when it is displayed in their own person, in the form of epilepsy or convulsions, for which no natural causes can be attributed, it is to the evil spirits, who caused the seizure, that the evil is credited. They must be gotten rid of, and their medicine-men often proceed to very primitive methods to liberate the tormenting spirit: cauterizing the affected part with a hot iron, and, in some instances, it is said, as a last resort the skull has been trepanned by taking out a bit of the bone, to allow the malignant spirit to escape.

It is one of those fallacies with which history abounds, and which has been so often told and so vigorously reiterated, that it is generally accepted as a fact, that the red man is melting away before the march of the white man; but it is doubtful if the disappearance of the native aborigines is not due much more to the cause of amalgamation with the whites than to any other cause. Throughout the length and breadth of the Indian Territory, the number of full bloods in any tribe are very few, and many of the so-called Indians who receive subsidies from the Government are as white as their so-called "pale-faced" brethren. It is quite

a study to observe the predominant traits among these hybrids. The mother-love—for the usual custom is the marriage of squaws to white men—will reappear at any time of great excitement; and the veneer of civilization is proved to be so lightly laid on, and the tendency to revert to savage customs and practise savage rites and observances so invariable, that it proves that the instinct of savagery may be lulled to rest, but not exterminated.

Perhaps there is no form of annoyance more troublous to endure than the constant attacks of the parasites that prey upon the savages, living as they do in regions where fleas, wood-ticks, and jiggers—not to mention unnamable insects—abound and infest the robes, blankets, and persons of the luckless human victims upon whom they live. Every old squaw knows the value of dust, mud, clay, and ashes in ridding herself and her family of parasites; and it is one of the amusing sights of camp life to see little black-headed, beady eyed, clay-painted young ones run around in daubed nakedness, as innocent of the indecent as so many monkeys.

The oil of the rattlesnake is used as a medicine, and occupies a favored place in their list of pharmaceutical remedies. "At the dead snake shoot not the arrow, and walk not in the way of the living," suggests the reverence with which the symbol of healing is regarded. "Save no rattlesnake oil for him who rides with his nose behind him," shows that the prudent coward who is ever watching for the foe will not be in need of remedial agents. It is doubtful if his valor will ever receive a wound. There is one remedial agent which all of the aborigines "shake" and "take" if it is at all procurable, and the result for the time makes of them "me big Injun," and does indeed cure chills and fever, but too often at the cost of all stamina and stoical endurance of the poor debauchee. The result is that all Indians, according to the code of the frontiersman, "are pison,"—another way of stating the old formula, "the best Indian is a dead one."

It is a generally conceded fact that the Indians were believers in the Great Spirit, the Manitou, or Takau Waku, before the advent of the whites, although Colonel Mallery, author of "Some Errors Respecting the North American Indians,"

in the bulletin of the Philosophical Society, Washington, D. C., asserts that "a better acquaintance with Indian traditions, and particularly with the etymology of its languages, shows that this is a great delusion." However, there can be no doubt of the fact of a belief in evil spirits, and of the fear the natives had of the shadows of ghosts of their dead ancestors. The bodies of the dead, therefore, were very carefully preserved; platforms were built up in the boughs of the highest trees, and the savagely prepared bodies of the dead of the tribe were preserved thereon. Great care was taken to appease the ghosts of the departed. Their ornaments that they prized when living, together with food, were placed on the platform with the body. If a ring-dove flew from the direction of the burial place toward a member of the tribe, he was elected to have good luck. If, however, a crow came from the direction of the queerly constructed mausoleum, there was to be evil fortune—an inroad of enemies, sickness, or loss of game from the region of the encampment.

All of the hard toil—making the crops, preparing the skins for clothing, moving the tents, bringing in the game—falls on the squaws, and on them all of the rude nursing, until the patient is taken with symptoms which they fail to understand, and then the chief medicine-man is called. She also gathers the herbs for medicine, and wonderful is the knowledge she displays. Catnip, mint, grasses, wild leeks, ginseng, alicampagne, the root of the mandrake (a virulent poison), Virginia rattlesnake weed, nervine, barks from various trees, various portions of the secretions saved from the slain deer, birds, snakes, and other game—all are used to assist in the curative process. Seated on the dirt floor of her *tépee*, or cabin, the industrious squaw will hold a pumpkin with her two little moccasined feet, clasping it tightly between the soles, and with a very poor carving-knife cut off the rind. When the vegetable is free from rind, she puts it in the pot that hangs suspended over the open fire, after having first taken out some of the seeds, which are put in the sun to dry, and are then used in making tea to be used as a medicine. The dirt from the floor that clings to the pared pumpkin is itself said to be a valuable medicament.

The new order of things—a civilization which restricts the full sway of the old

forms of savagery—does not kill the instinct for the old forms when any sudden emergency arises that goes beyond the pale of their limited reasoning powers. Then the *tum tum* of the monotonous beat of the drum, the *ha ha* of the old Indian droned out as an accompaniment, and the various nauseous compounds of the Indian's limited pharmacy, together with such rude and cruel amateur surgery as suggests itself, are resorted to. The result, if fatal,—which it is almost sure to be in a case of severe illness,—results in a long and complicated series of accidents, very disastrous to the living, from the singular power of the dead person's spirit unless appeased; and a long list of ceremonies must be complied with to secure immunity.

—Mrs. M. J. Gorton, *Pop. Sci. News*.

CHOLERA, TREATMENT OF.—The following *résumé* is given by *The Therapeutic Review*, of Manchester, England: There appears to be an impending attack of this dire and typically infective disease, judging from the reports in the lay press as regards its European progress. Little has been discovered as to means of specific treatment, the comma bacillus notwithstanding; but from the symptoms and condition of those attacked, it may be taken that any medicines that will relieve pain and obviate the thickening of the blood, will assist towards recovery. Recently a number of observations on the importance of calcium salts in the process of blood coagulation have been published, and such medicines, for example, sodium phosphate and potassium oxalate, as would remove calcium combinations should have the desired effect on absorption.

A recent paper by Professor C. A. Peckelharing, of Utrecht, in *Virchow's Festschrift*, and other communications to the Academy of Sciences at Amsterdam, are much to the point. (See the *British Medical Journal*, April 23, 1892.) In our last issue, page 82, an abstract was given of Dr Mackintosh's treatment by intravenous injection of a saline solution containing rather more than the normal amount, *i.e.*, $\frac{3}{4}$ per cent., of sodium chloride and bicarbonate. Dr. Little, at the London Hospital in 1848-49, successfully employed in cholera cases saline injections amounting to as much as four pints; and again, Mr. L. S. Little in 1886-7.

Of course it is well known that in cases of hemorrhagic collapse it is the loss of volume which must always remain proportionate to the capacity of the vascular system, independently, for the time being of the red corpuscles and the nutritive constituents of the blood, which causes the immediate danger, and if the depletion of the circulating fluid from either cause can be directly obviated, it would seem that saline injections are obviously the most expedient method.

We need not here insist on the absolute necessity of rigorous hygienic conditions, especially in respect of food and water, as being in a general sense prophylactic, nor enter into their details, for when an attack has to be dealt with, it must be done promptly. With this view we reproduce our articles in No. 4, page 52.

Dr. J. Carrack Murray, of Newcastle-on-Tyne, after premising his qualifications in cholera from having had it twice, and seeing three epidemics of it, submits the following for trial:

"One drachm and a half of hydrate of chloral, $1\frac{1}{2}$ drachms of bicarbonate of soda, 1 ounce of compound camphor tincture, $\frac{1}{2}$ drachm of tincture of capsicum, $\frac{1}{2}$ drachm of hydrocyanic acid, water to 8 ounces. One tablespoonful to be given immediately on seeing the case, and a dessertspoonful every fifteen to thirty minutes afterwards. Should collapse be present, the hydrocyanic acid must be omitted, according to the present theory of cholera. The second dose of the foregoing receipt will probably be retained, chloral being an anti-emetic; but should it be rejected, an ounce, more or less, in gum acacia solution might be thrown well up into the bowels. For the board-like feeling of the muscles during cramps, flannels wrung out of warm water and sprinkled with strong solution of hydrate of chloral should be applied to the abdomen, over the kidneys, legs and hands, with such adjuncts as might be thought useful. Hydrate of chloral, discovered by Liebig when the first authenticated epidemic of cholera was raging in Europe, was not generally known until Dr. Otto Liebreich in June, 1879, by his pen brought it from darkness into, perhaps, too full blaze of light. Hydrate of chloral has not been given internally for cholera so far as I know. From its antiseptic, anti-emetic, anti-spasmodic, and other

qual
suffi
of ch
Dr
mini
has
dyme
tinct
parts
mout
circu
Dr
use c
patie
prime
applic
cine
ducti
body.
29, 18
Mr.
inject
tauroc
salt, a
erally
the li
blood
into th
it supp
rectum
to its
that th
and clo
during
fluidity
the act
pared f
to extr
arated
treated
the tau
this pr
water,
passed
sulphid
rocholic
another
cholic a
carbona
cholate
the injec
fied by c
ployed i
be one h
litre of
blood (c
correspo
by the
July 14,

qualities, it should be useful, and may be sufficiently potent to destroy the poison of cholera."

Dr. Reddie, of Unno, in Ooude, has administered chloral in one epidemic, but has now abandoned it in favor of chlorodyne, with carbolic acid one part, and tincture of iodine five parts, water four parts, ten minims to be exhibited by the mouth, or hypodermically, according to circumstances, every half hour.

Dr. J. Mortimer Granville suggests the use of the electric bath, in which the patient, whose bed is insulated, has the prime conductor of the electric machine applied to his body, and food and medicine administered to him with non-conducting chinaware, without touching the body.—*Lancet*, July 28 and September 29, 1883.

Mr. H. C. Taylor, Jersey, proposes to inject the active principle of bile, bilin or taurocholic acid, in the form of its soda salt, as an adjunct to the treatment generally adopted. Arguing that in cholera the liver extracts all the bile from the blood without being able to discharge it into the intestine, and the intestine, were it supplied with bile, either by mouth or rectum, would be unable to absorb it, owing to its inflamed condition, he concludes that this absence of bile causes the thick and clotty state of the blood found even during life in choleraic attacks, and the fluidity would be restored by injection of the active principle of bile. Bilin is prepared from ox-bile, by first adding ether to extract the fatty matter. This is separated by decantation, and the residue is treated with acetate of lead, which forms the taurocholate of lead. After filtration, this precipitate should be suspended in water, and sulphuretted hydrogen gas passed through; from this the deposit of sulphide of lead is obtained, and the taurocholic acid (bilin) left in solution. After another filtration, the solution of taurocholic acid is submitted to the action of carbonate of soda, thus forming taurocholate of soda, the best preparation for the injection. This salt should be purified by crystallization. The quantity employed in the twenty four hours should be one hundred grammes, dissolved in a litre of water at the temperature of the blood (37° Centigrade); that quantity corresponds to the bile usually secreted by the liver.—*British Medical Journal*, July 14, 1883.

In the collapse stage, nitrate of amyl inhalations seem to have given satisfactory results; and we would add that for the onset of the attack, an heroic dose of infusion of capsicum, one drachm to the pint, with some salt added, as one draught has been asserted to be a complete abortive, and so also the administration of one large dose of boric acid, in other instances huge doses of bismuth subnitrate every hour have been relied on.

Dr. A. Harkin, of Belfast, has recommended stimulation of the vagus nerve, extending in the course of the pneumogastric nerves, as far as the angle of the lower jaw by the application of liquor epispasticus, so as to inhibit the action of the sympathetic on the abdomen, and found this treatment to effectually stop the cramps and purging without other medicine.

INCONTINENCE OF URINE.—

R.—Tinct. nucis vomicæ..... ʒvj.
Ext. damianæ fl..... ʒiiss.
Glycerini..... ʒiv.

M.—S. A teaspoonful three times a day, after meals, in a wineglassful of water.

—*Med. and Surg. Rep.*

LEG ULCER.—Dr. Weismueller praises the action of a dusting powder thus composed:

R.—Acid salicyl..... ʒiv.
Acid borici..... ʒij.
Zinci oxidi..... ʒss.
Amyl,
Talc..... āā ʒv.

M. ft. pulv.

—*The Hospital Gazette.*

BUTYL CHLORAL FOR FACIAL NEURALGIA.—Butyl-chloral has been proved to have an especial action on the facial or trigeminal nerve. Given internally in doses of from 1 to 3 grains, it has a marked effect in relieving painful neuralgias of this nerve. Professor Leibreich, of Berlin, prescribes it as follows:

R.—Butyl-chloral..... gr. xl-lxxv.
Alcohol, rect..... f ʒiiss.
Glycerini..... f ʒv.
Aquæ dest..... q. s. ad f ʒiv.

M.—S. From two to four teaspoonfuls p. r. n.

—*The Physician and Surgeon.*

TREATMENT OF LUPUS ERYTHEMATOSUS OF THE EYELIDS AND FACE.—Brocq recommends in this disease:

R.—Salicylic acid.....	3ss.
Lactic acid.....	3ss.
Resorcin.....	gr. xlv.
Zinc oxide.....	3ij.
Vaseline.....	3xvij.

The following is also usually well borne :

R.—Salicylic acid.....	1 part.
Pyrogallol.....	2 parts.
Vaseline.....	20 parts.

This is to be rubbed in at night. During the day the first named may be applied, the two thus being used conjointly.

—*British Journal of Dermatology.*

ANTISEPTIC POWDER, IMPROVED.—Cheap but reliable substitutes for these expensive proprietary preparations, as well as for iodoform, however, are always in demand. The following formula is used largely in the hospital wards of a city institution in the treatment of chronic ulcers, suppurating sores, and generally as an iodoform substitute :

R.—Salol, powdered.....	3j.
Sulphite of zinc, powdered.....	3iss.
Benzoin, powdered.....	3ss.
Purified talcum.....	3ij.
Oil of fennel.....	℥xx.

M. et sig.

—*American Druggist.*

TREATMENT OF PNEUMONIA BY INJECTIONS OF TURPENTINE.—M. Frank reports a case of pneumonia of a very grave type cured by subcutaneous injections of turpentine. The patient, a woman of fifty, was treated by local bleeding, digitalis, etc., without effect apparently; there were large râles at the base, and fine crepitation over the remainder of the lung, the expectoration was purulent. Four injections were practised as a last resource, and, on the following day, a great improvement took place in the local condition as well as the general, and continued thus to convalescence. The usual hypodermic abscesses produced by the injections gave but little trouble. M. Thiery has used the same agent in the treatment of puerperal septicæmia; out of thirteen cases he reported twelve cures. The injections were made in the abdomen.

TREATMENT OF GOITRE, SYNOVIAL CYSTS, AND HYDROCELE BY A SOLUTION COMPOSED OF IODOFORM AND ETHER.—Tincture of iodine, as is well known, is the classical treatment of the above affec-

tions, but it has the inconvenience of being very painful, especially in hydrocele, the solution of iodoform is, on the contrary, almost painless. M. Dury employs a ten per cent. solution, and injects two or three drops in the base of the goitre; then, withdrawing slightly the needle, he inserts it into another point, and so on, until a few drops are placed in every direction. A rapid cure follows. In three cases of hydrocele thus treated the pain was little or nothing, and the result excellent.

MYXEDEMA.—M. Robin, taking a leaf out of Prof. Brown Séquard's book, treated a child of seven who was suffering from the above malady by injections of a liquid extract of the thymus gland. He prepared the solution by squeezing out the juice of the thyroid gland of a sheep preserved in a half per cent. solution of phenic acid; he made daily injections, and in eight days the œdema began to visibly diminish. Since then the child walks and speaks well.

BROWN-SEQUARD'S SOLUTIONS.—In speaking of Prof. Brown-Séquard, it may be well to state that he sends his solutions gratuitously to any medical man who desires them, on the condition that he encloses his card and describes the cases he wants to treat; a second supply can be obtained, if desired, but in that case a detailed description of the result of the former injections must accompany the request. The address is: Prof. Brown-Séquard, Le Laboratoire de Médecine, 12 Rue Claude Bernard, Paris. The learned professor speaks English perfectly.

—*The Medical Press.*

BRYONIA ALBA.—Dr. A. Storrs (Southport) has used this drug in pleurisy and acute bronchitis; also in pleuo-pneumonia with very good results. Unless the patients have been ill for several days before they were seen :

Tinct. aconiti.....	℥vj.
Aq. chloroformi.....	3ij.
Aq. ad.....	3iij.

One tablespoonful every hour was given. To the second bottle he added tinct. bryoniæ ℥xxiv and gave it every two hours. In bronchitis or pneumonia he sometimes added three doses of ipecacuanha wine to the first bottle (about ℥xxx), and in most

cases where bryonia was used, after the two bottles had been taken, the temperature was either normal or about 100°. Bryonia is in large doses a hydragogue cathartic; in small doses it has a specific action on the pleura, and he thinks the lung also; it is antipyretic, acts on the liver, and is a good remedy in rheumatic affections. He thinks this drug is not appreciated as it should be.

—*Therapeutic Review.*

BALDNESS, TREATMENT OF.—One of the best combinations in the treatment of baldness consists of:

R.—Pilocarpinae hydrochloratis.....	gr. v.
Otto de rosæ	ʒviii.
Olei rosmarini.....	f ʒiv.
Linimenti cantharidis.....	f ʒiv.
Glycerini puri.....	f ʒi.
Olei amygdalæ dulcis.....	f ʒij.
Spiritus camphoræ.....	f ʒij.

M.—S. To be rubbed well into the scalp, night and morning.

—Whitla, *Ther. Review.*

THERAPEUTIC NOTES FROM THE FRENCH.

(E. W. BING, M.D., CHESTER, PA., TRANSLATOR).

THE INFLUENCE OF NASAL AFFECTIONS ON THE RESPIRATORY APPARATUS (Chabony).—The author considers in what measure may be attributed to the nose certain varieties of asthma, of cough, sneezing, laryngeal stridor and glottis spasms, and what part it may take in the causation of laryngitis, bronchitis, tuberculosis of the larynx and of the lung, scleroma of the larynx, thoracic deformity and pulmonary emphysema.

On the subject of asthma of nasal origin, he sums up the different opinions, and concludes that inflammation of the mucous membrane and obstruction of the nasal cavities form the point of departure of spasm of the respiratory muscles and paralysis of the vaso motors of the bronchial mucous membrane.

Those in whom these symptoms are met with are nearly always neurasthenic or gouty persons. Constitutional treatment is required as well as local measures. Pollen, nervous temperament, and alteration of the nasal mucous membrane are the principal factors in hay fever. The diathesis must be treated first of all, and then the local trouble.

Certain cases of cough, sneezing, laryngitis (stridulous), glottis spasm are the result of nervous irritation. Laryngitis and bronchitis consecutive to nasal lesions are not rare; they may result from extension of inflammation from the nose, or be the consequence of atmospheric conditions.

Tuberculosis of larynx or lungs may be consecutive to a descending tuberculosis, which commenced in the nose. Nasal stenosis favors this occurrence by interfering with the air supply of the lungs.

The nasal fossæ form a great barrier to the introduction of dust into the air passages. In mouth breathing much of this dust is carried directly into the bronchial tubes.

Nasal obstruction may also induce depression of the chest, giving rise to flattening or depression of its lateral walls. Pulmonary emphysema may be a consequence of nasal affections resulting in paroxysms of reflex asthma, whose starting point is in the mucous membrane of the nose.—*Revue de Laryngol.*

ON THE URTICARIA AND PRURIGO OF HEBRA IN CHILDREN (Saafeld).—Saafeld gives it as his opinion that the true prurigo of hebra is preceded in every case by urticarial eruptions, which are present during the first year. At the end of this year, or in the first half of the second year, are to be found in the midst of the urticarial eruption small papules, not larger than a millet seed, especially on the extensor surface of the limbs. As to prognosis, it is satisfactory. As to treatment, he recommends Wilkinson's ointment, or an ointment of 2 or 3 per cent. of naphthol, tepid baths, and baths containing tar.

In severe cases he thinks subcutaneous injections of hydrochlorate of pilocarpine might be successful. If there is derangement of the general health, the indications should be met. Especially should intestinal catarrh occur the treatment must be active. Basing his opinion on the theoretical deductions of Liebrich, he considers that cantharidate of soda or potassa might have a good effect on prurigo.

—*Bull. Gen. de Therapeutics.*

EXTEMPORANEOUS PREPARATION OF GLYCERINE SUPPOSITORIES (Pharm. Pr., 1892):

Carbonate soda (anhydrous) ..	1 grm.
Sleavine (shavings).....	2 grm.

Put into :

Alcohol..... 15 grm.

Heat on a water-bath till alcohol is driven off, then add :

Glycerine.....q. s. ad fl. 60 grm.

Heat again on a water-bath till it becomes limpid, and pour into the moulds. The above makes four suppositories, and the preparation takes about thirty minutes. The suppositories keep well and are elastic.—*Gas. de Gynecol.*

PHENACETINE IN URINARY DISORDERS (Trail Green).—In those urinary disorders which come on with advancing age, and which are due at once to prostatic hypertrophy and irritability of the bladder, phenacetine acts by calming this irritability, and permitting a longer retention of urine. This then acts as a distending force, and increases the capacity of the bladder (which from the irritation had contracted a habit of expelling the urine as soon as a few grms. of the liquid had accumulated, with a consequent reduction of capacity). It also perhaps acts in diminishing the production of urates, and thus lessens irritation, but does not affect the quantity of liquid.

—*Rev. Gen. de Med.*

MERCURIAL SORE THROAT (Schuster).—Sore throat in its several forms and degrees is a frequent affection when produced by cold, infectious diseases, or as a continuation of inflammation of the mouth or pharynx. It is often found in the secondary stage of syphilis, also in the specific treatment of the disease. Sore throat produced by iodide of potassium is well known, even from very small doses of the remedy, and is manifested as a simple inflammation of the tonsils, palate, pharynx, and sometimes of the larynx. But mercurial sore throat seems to be less well known. It is recognized that, in a mercurial course, the mucous membrane of the mouth and gums may easily become irritated, and the inflammation may extend towards the throat. The author has frequently observed during the treatment, sooner or later, a uni or bilateral isolated angina without visible irritation of the gums. It is announced by pains during deglutition, and a recurrence of disease in the tonsils is suspected. But if the anterior and posterior pillars are separated a purulent, sometimes bloody, secretion flows out, or, as is more often

the case, on pressing against the tonsil caseous granules are detached. On removal of these the pain during deglutition ceases. By stopping mercurials the trouble is quickly cured ; by continuing it constitutional symptoms may occur.

—*Rev. de Laryngol.*

ON THE PERNICIOUS INFLUENCE EXERTED BY INSECTS IN CERTAIN AFFECTIONS (Correa).—Correa divides into ten groups the diseases in which insects may exert a bad influence, as follows :

1. The great epidemic diseases—cholera, yellow fever, plague, malarial fevers.
2. The tubercular diseases.
3. Septic and "purulent" fevers.
4. The exanthemata.
5. The rôle played by insects in traumatic diseases.
6. Their action on cutaneous affections.
7. In the propagation of eye and ear.
8. Their influence in contagions of mouth and nose.
9. In venereal diseases.
10. In puerperal affections.

FORMULARY : Electuaries for Gonorrhœa.—First :

R.—Powd. sweet almonds..... 24 grms.
Powd. catechu..... 2 "
Bals. copaiba..... 12 "
Powd. marshmallow..... 9.5 "
To be taken in twenty-four hours.

—*Caspard.*

Second :

R.—Bals. copaiba..... 30 grms.
Calcend. magnesia..... 3 "
Powd. catechu..... 5 "
Powd. cubebs..... 40 "
Ess. mint,
Ess. caneda..... 5 drops.

Dose, 10 to 20 grms. per day.

—*Beyrars.*

Third :

R.—Bals. copaiba..... 12 grms.
Powd. cubebs..... 18 "
Powd. jalap..... 3 "
Powd. acacia..... 0. gr. 20 c.g.
Syrup roses cent..... q. s.
To be taken during the day.

—*Deday.***INJECTIONS : Astringent Injection :**

R.—Powd. catechu,
Subnitrate bismuth..... 5 grms.
Rose water..... 200 "

Injections of Sulpho-Carb. Zinc :

R.—Sulpho-carb. zinc..... 2 grms.
Rose water..... 200 "
Two to three injections per day.

—*Le Progres Medical.*

POISONING OF AN INFANT FROM INHALATION OF AIR CHARGED WITH THE VAPORS OF CARBOLIC ACID (Bouloback).

—A child of three months, transferred into a room which had just been disinfected (after a case of scarlatina), by means of a two per cent. solution of carbolic acid in water. At the end of one-half hour, after entering the room, symptoms appeared indicating clearly intoxication by carbolic acid. It became restless, then very pale; although it was removed from the room these symptoms were not dissipated, and soon diarrhoea occurred, the stools were of a dark green color, and the urine left greenish gray spots on the clothing. Under treatment, by castor oil, warm baths, and solution of acetate of ammonium as a diaphoretic, the child soon recovered.—*Revue Medicale*.

ABORTIVE TREATMENT OF BUBOES BY WELANDER'S METHOD.—This consists in injecting into the center of the bubo, by means of a hypodermic syringe, a one per cent. solution of benzoate of mercury, and then applying compression by a bandage. This must be done before suppuration occurs. A single injection in most cases is sufficient. Of the cases ninety-one per cent. and eighty-seven per cent., respectively, have been cured by the author and by Lebrick, of Odessa.

La Revue Medicale.

SYPHILIS IN NINEVEH AND BABYLON AMONG THE ANCIENT ASSYRIO CHaldeans, 700 years B. C. (Buret).—W. W. Buret records a very interesting legend which has been deciphered from some tablets in the British museum, which were engraved in uniform characters by a scribe of Sardanapalus. "Isbar (Venus) goddess of criminal lore, of fertility, and of war, mother of gods and men, being seduced by the persistence of Izdubar (Nimrod) demanded of the hero that he make her his wife. The request was refused and he continued to hunt in the woods with his comrade Eabani, a male like to himself, for he could, without interruption, employ a whole week in 'dalliance' with his beloved (for the time). Isbar, furious, demands of her father, Anu, that he send, against the rebel to love, the sacred bull. But Eabani has no fear of ferocious beasts, he seizes the penis of the bull and points it at the figure of the goddess. Isbar is maddened with rage.

The whole planetary system trembles; after twelve days of struggling Eabani is struck dead.

"As to Izdubar, attacked by a shameful leprosy, which caused his hair to fall off, covered his skin with scales, and with pustules that phallus (penis) which was the pride of Babylon, he descended into the infernal regions, where he became purified in the fountain of life."

Buret finds confirmation in this legend of the ancient origin of syphilis.

—*Progrès Medicale*.

HOW CHOLERA ARISES AND PROPAGATES, AND THE MEANS OF OPPOSING IT (D. H. Monod).—Cholera arises in India, which country is its original seat; it is transported either overland or by sea. In the first case it ascends the Ganges to Delhi; crosses with the caravans the table land of the Himalayas; invades Afghanistan, Persia; extends itself along the Caspian Sea; infects Bakou, Astrakhan; reaches Tiflis; then finally Batoum, on the Black Sea. This has been precisely its present march. It may extend also into Mesopotamia, or Turkey in Asia; while on the north from Bokhara it may reach Ovenburg.

The route by sea is still more rapid. It is sufficient for a ship coming from infected India ports, and especially from Calcutta, carrying cholera cases, or even objects soiled by the dejections of cholera, to become the "brand which shall light up a conflagration," either on the passage, or at points at which it may touch, or in the port in which it may anchor, if it is not subjected to sanitary inspection and methods of disinfection. There remains to be considered in this connection a third factor, and that is the receptivity of the country, to which cholera has been carried, for the disease germs.

How does cholera increase in India? In the towns of India, in all of the presidencies Bombay, Madras and Calcutta, the density and filthiness of the dwellings of the Hindoo poor is incredible.

The bulk of the population, says Payne, the health officer at Calcutta, is worse than savages as regards the filthiness of their surroundings. The soil of the town is saturated with excrementitious matter. "If there is a little useless ground beside his house, the dweller can see no other use for it than to convert it into a latrine, and when the urine falls into a little hol-

low, he calls this a pond, and bathes in it."

The "Bustees," or native villages (and as is well known the outskirts of Calcutta are nothing but an agglomeration of these) are constituted, says Shakespeare, of a number of huts thrown together pell-mell, among which are open wells always contaminated by the drainage from the soil. The herds are separated by reservoirs of viscous stagnant water, crowded with putrid vegetation and decomposing animal matter, the surface steaming under the tropical sun and poisoning the surrounding atmosphere. These are the reservoirs which furnish the inhabitants with water for all purposes, and which also receive the residues of domestic life. The intervals between the huts serve for privies. But to a Hindoo, human excrements are "impure," and a thing which he must never touch. Another "caste," the "Mehters," is the only one which can remove ordure. This "caste," however, is not numerous, and charges besides so much for its services, that the Hindoo prefers to live beside his decomposing excrement, and to die poisoned, rather than remove it himself. If the "Mehter" does carry away the filth, he throws it into the nearest field. If rain prevents the removal, it soaks into the wells, and thus the pious Hindoo, who would not touch the filth with a shovel, in the end drinks it. The tanks, which serve as reservoirs in other places, are subject to the same uses and contamination. The rôle of these profoundly soiled waters is absolutely clear as a carrier of cholera. One fact reported is typical. The town of Salem is attacked by cholera every time it appears in Southern India. The town is traversed by a stream, which, in the dry season, is nothing but a marshy tract. This water course is sacred for the domestic uses of the Hindoo. Mussulmans and Europeans are not allowed to use it. In the epidemic of 1881 the Hindoo suffered severely, the Mahomedans much less, and the Europeans not at all. The Pariahs, or outcasts, not being allowed to approach the stream, presented not a single case.

Again, the small town of Guntur was celebrated for its cholera epidemics. After an energetic cleansing and strict supervision of the water supply, with the result that cholera has disappeared. This is sufficient to show that perfect sanitation

is an absolute necessity for the prevention of cholera.

We cannot reasonably expect to stop the march of the epidemic from India overland. The frontier to be watched is too great, and the loopholes for the entrance of disease too many. But on account of the slowness of the means of overland communication the danger from sea is much more to be feared, as the caravans are no longer used as convoys for the purposes of commerce.

A chief means of the spread of cholera from India is provided by the pilgrim ships which go from India to Hadjiz. The passengers may be attacked with cholera on the voyage, or some of their belongings may have been contaminated with the germs from cholera dejections, which being excluded from air and light may lie dormant until the disembarkation of the owners and the disturbance of their baggage. Even a person in apparent health may carry in himself the incubating cholera germ, and after some days (three to eight) be attacked with the disease and prove a focus for its dissemination. The deduction from this is, that the caravans and the pilgrim ships should be subjected to rigid examination; both in their departure and arrival their effects should be thoroughly disinfected by superheated steam. If cholera reaches Hadjiz, in order to penetrate into Europe it must cross the Red Sea and come through the Suez canal, and here is where it ought to be attacked and exterminated. Here the ships should go into quarantine and the passengers and their belonging be disinfected. As to prophylactic measures they consist in sanitation, disinfection, isolation, use of pure water, and other well known means of prevention, which, however, are generally very difficult to obtain.—*La Médecine Moderne*.

[Would it not be a proper subject for an international Commission of Hygiene to undertake, with a view of prohibiting the pilgrimages? Of course fanaticism would have to be overcome, but as a grand result the safety of western countries would be insured.—B.]

CARBONIC ACID POISONING (Quinquaïd).—The first phenomena result from its action on the nervous system, following the law that the most predisposed part is the first to be attacked. If the poisoning follows all its stages, conscious-

ness is lost first, then brain power, then general sensibility, and finally motor phenomena, muscular and nervous.

At first, the subject experiences a sense of heaviness of the head, with pain, and ringing in the ears, temporal compression, vertigo, tendency to sleep, which are more noticeable as the poisoning is more intense. Soon the heart-beats become irregular and unequal, and are accompanied with epigastric pain. If walking is attempted, the patient reels like a drunken man, and may even fall. Intelligence remains clear. Now there comes a period of excitation. Respiration is embarrassed, anxiety increases, the pulse quickens and becomes weak; vomiting occurs. Then coma, and death comes on, sometimes in the midst of violent convulsions.

The first symptoms, aside from the gastralgia, are not painful; but it is quite otherwise with the later ones, which are confined to the period where the patient loses consciousness.

Some authors say that asphyxia by CO_2 is a mild method of suiciding. Others, on the contrary, affirm that this form of poisoning is excessively painful. The difference hinges on the stage of the poisoning.

In cases where the individual is, so to speak, overwhelmed by the poison, death comes rapidly. If the intoxication is less profound, the painful sensations are more accented. The poisoning may occur by such slow and inappreciable stages that it may be mistaken for disease of other character.

These different sensations have been clearly stated by a person who left, in writing, the impressions which he successively experienced, with the idea that they might be useful to science:

"I place on the table a lamp, a candle and a watch, and commence the ceremony. It is a quarter past 10. I have just lighted my stove; the charcoal burns slowly. At 10.20, pulse calm and of usual rate. 10.30: A thick smoke fills, gradually, the room; the candle appears almost extinguished. I begin to have a violent headache, my eyes are suffused, the pulse agitated, and a feeling of general malaise. 10.40: The candle out; the lamp still burning. My temples beat as though they would burst; desire for sleep; horrible suffering in the stomach; pulse, 80. 10.50: I stifle, have hallucinations, and

get my breath with great difficulty. I can go no further. I feel symptoms of madness. 11: I can no longer write; my sight is obscured, my lamp extinguished. I did not think it possible to suffer so much before dying. 11.02:" (Here followed a few illegible characters, showing that coma and death had at last arrived.)

ELECTRO-THERAPEUTIC NOTES.—Mosso, by the aid of excessively sensitive thermometers, has lately undertaken some very delicate researches on the temperature of the brain, which he demonstrates to be the warmest organ of the entire body. After curarizing dogs, he applies an electric current to the cerebral surface, and finds an immediate increase of one-half to one degree in temperature. The same occurs after section of the cord, with the same conditions. He has also studied the action of cocaine, chloroform, etc., and the influence of asphyxia on the brain and other organs. He finds, also, that, independently of the circulation, each organ has its own special temperature, and that the resultant of these is the average general temperature of the body.

COLORATION OF PRESERVES BY ELECTRICITY.—M. Kochler gives details of a new application of electricity in the industrial arts, which need only be mentioned to be condemned. It is a desideratum among the manufacturers of this class of goods to give to vegetables the green color which characterizes them in the fresh condition. In order to color them strongly, some manufacturers have devised the plan of boiling them in a copper basin. A portion of the metal passes into solution under the influence of the electric current, and gives to the vegetables, etc., the poisonous green color so foolishly appreciated by the consumer.

ELECTRICITY IN THE VETERINARY ART has been applied to the discovery of foreign bodies (metallic) in the horse's hoof. One pole is placed in contact with the interior of the hoof, the other with the shoe. If the horn has been pierced by a nail, the horse feels the irritation or shock of the current; if the contrary, the current cannot pass.

A NEW SYSTEM FOR THE PRODUCTION OF ELECTRICITY consists in the use of a small apparatus invented by Peignot.

The procedure is as follows: A quantity of mercury is driven by a pump through the pores of a chamois skin; the friction disengages a notable amount of electricity, which is easily collected. The amount is sufficient to give sparks.

—All from *L'Electrotherapie*.

News and Miscellany.

RUSH MEDICAL COLLEGE.—Dr. Charles Warrington Earle has been called to the chair of Obstetrics and Diseases of Children in Rush Medical College, recently made vacant by the death of the late Professor Knox. Dr. A. C. Cotton has been elected Clinical Professor of Diseases of Children.

The following letter from the editor of the *Toledo Medical Compend* sufficiently explains itself:

DEAR DOCTOR:—At the regular meeting of the Illinois State Board of Health, held in the city of Chicago, on the 27th ult., that body rendered a decision against the Toledo Medical College, of this city, and placed it upon the list of colleges not in good standing, for the purposes of the Illinois Medical Practice Act.

This is the result of the crooked work done by the school during the last session, in which half of the class was graduated illegally. Diplomas were given out so recklessly, and at such a variance with the published requirements and professional fidelity, as to render the institution little short of a diploma mill.

With characteristic vehemence the Illinois Board has come down upon this educational parasite by refusing to recognize the diplomas granted during the last session, as well as those issued hereafter.

The following extract from the published minutes of the above meeting will speak for itself:

"Upon a review of the testimony pro and con in the case of the Toledo Medical College, of Toledo, Ohio, it is ordered that any diploma of that institution, issued subsequently to the session of 1891, will not be received as a basis for the State Certificate entitling the holder to practice in the State of Illinois." And that "the presenting of such diploma must be supplemented by an examination before the Board of the graduate presenting the same, and that the Secretary is hereby entrusted to notify the Secretary of the College of this ruling."

The daily press of this city is deserving of great credit in exposing the fraudulent working of the college, among which we desire to especially mention the *Toledo Daily Blade*. On many occasions the press of Toledo published accounts of the vile work of the last year.

It is hoped that the medical press will be no less vigilant in their efforts to exterminate medical colleges of this class. A medical college

should do honorable work or be compelled to cease its existence. We are, with best wishes,

Very cordially yours,
THE TOLEDO MEDICAL COMPEND,
H. G. BLAINE, M.D.

MEETING OF THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.—The next meeting of the American Electro-Therapeutic Association will be held this fall in New York City, at the Academy of Medicine, on October 4, 5 and 6. As the success of electricity in medicine and surgery has now been well established and recognized just as well by the profession as by the public, the coming meeting may be looked upon as an event in the history of progress in electricity. The society consists of acknowledged specialists in electricity from all parts of North America, and includes the best known names in the profession. The President is Dr. William J. Morton, of New York; Secretary, Dr. Horatio R. Bigelow, 1716 Chestnut street, Philadelphia. The local Committee of Arrangements are Drs. Robert Newman and A. H. Goelet, of New York, who have their hands full by doing good work for the preparations. The literary part of the programme will consist of scientific papers, several prepared discussions, and the report of committees, who have experimented for the last year. These committees were appointed a year ago on special subjects, and their work has reference to establish uniformity in the manufacture and use of certain instruments used in the application of electricity. Everybody practising electricity has appreciated the good derived from the establishment of a standard in the measurements and units by the Electric Congress at Paris, and, therefore, anticipates more reform and benefit from the recommendations of said committees.

The titles of papers to be read have been announced already in such numbers, that the dilatory author coming in late will scarcely have an opportunity to be heard for pressure of limited time. In connection with the meeting, there will be an electric exhibition of batteries, instruments and appliances used in medical and surgical electricity. The exhibitors will be a representative body of manufacturers and publishers, who all have shown a willingness to be present, and have applied for space. There will be many novelties, inventions and new systems, all important to be inspected by the

profession. The committee has not forgotten the social element of the meeting, and has arranged many surprises and invitations for pleasure and instruction.

The members, who are strangers in New York, will be recommended to good hotels, and every attention shown them, in order to make their sojourn an agreeable and profitable one. It is hoped that the profession at large will take an interest in the deliberations in the American Electro-Therapeutic Association, and visit the sessions. All are welcome. The success of this meeting is well secured, and the progress of electricity in medicine never had a better chance.

WEEKLY Report of Interments in Philadelphia, from July 30 to August 6, 1892:

CAUSES OF DEATH.	Adults.	Minors.	CAUSES OF DEATH.	Adults.	Minors.
Abscess.....	1	1	Inflam'n bronchi....	2	2
Aneurism of the aorta.....	1		" kidneys.....	6	2
Alcoholism.....	5		" liver.....	2	5
Apoplexy.....	19		" lungs.....	2	
Asthma.....	2		" peritone'm.....	1	13
Bright's disease.....	9	1	" s. & bowels.....	1	
Burns and scalds.....	3	4	" heart.....	1	
Cancer.....	11		Insanity.....	3	
Casualties.....	9	1	Indigestion.....	1	1
Congestion of the brain.....	7	8	Jaundice.....	1	1
Congestion of the lungs.....	4		Locomotor ataxia.....	1	
Cholera infantum.....	103		Malformation.....	1	
" morbus.....	7		Mania a-potu.....	2	
Cirrhosis of the liver.....	4		Marasmus.....	30	
Consumption of the lungs.....	45	4	Measles.....	1	
Convulsions.....	27		Neuralgia of the heart.....	1	
Croup.....	1		Obstruction of the bowels.....	1	1
Cyanosis.....	8		Old age.....	25	
Debility.....	9	12	Paralysis.....	11	
Diarrhœa.....	2	5	Purpura.....	1	
Diphtheria.....	15		Rheumatism.....	3	
Disease of the heart.....	20	2	Suppression of urine.....	1	1
" liver.....	1		Septicæmia.....	2	1
Disease of the kidneys.....	2		Softening of the brain.....	4	
Drowned.....	2	6	Stone in bladder.....	1	1
Dropsy.....	2		Shock, surgical.....	1	1
Dysentery.....	7	1	Suffocation.....	1	
Epilepsy.....	1		Suicide.....	3	
Erysipelas.....	1		Sunstroke.....	89	1
Extra uterine pregnancy.....	1		Syphilis.....	1	1
Fatty degeneration of the heart.....	3		Tabes mesenterica.....	1	
Fever, puerperal.....	1		Teething.....	4	
" remittent.....	11		Tumor.....	1	
" typhoid.....	1		Ulceration of the bowels.....	1	
Gangrene.....	1		Ulceration of the stomach.....	2	
Hydrophobia.....	1		Uremia.....	3	
Inanition.....	23		Whooping-cough.....	8	
Inflam'n brain.....	2	11	Total.....	378	315

OF THE FOREGOING THERE WERE:

Under 1 year.....	212	From 40 to 50.....	61
From 1 to 2.....	52	" 50 to 60.....	49
" 2 to 5.....	20	" 60 to 70.....	72
" 5 to 10.....	9	" 70 to 80.....	45
" 10 to 15.....	7	" 80 to 90.....	23
" 15 to 20.....	15	" 90 to 100.....	10
" 20 to 30.....	66	Total.....	693
" 30 to 40.....	52		

Males, 361; females, 332; boys, 158; girls, 157.

The number of deaths, compared with corresponding week of 1891 and of last week, was as follows:

Week ending August 8, 1891, was 479.

Week ending July 30, 1892, was 786.

By order of the Board of Health,

Attest:
J. V. P. TURNER,
Chief Registration Clerk.

MOSES VEALE,
Health Officer.

THE SURGEONS AT HOMESTEAD.—In the report of the punishment of Private Iams, at Homestead, as it appeared in the daily press, it seems that the Colonel ordered him triced up by the thumbs, and the surgeons to stand by and see that no harm befell him.

In executing this order the surgeons took turns at standing on a chair, and counting the pulse of the man, and when it reached 120 ordered him to be cut down.

It is not the province of this *Journal* to discuss the action of the Colonel in ordering the punishment which he did. Whether he exceeded his powers or not, is the duty and privilege of others to determine. But the action of the surgeons becomes a fit subject for discussion by the medical profession. It is generally admitted that medicine is the healing art, and that the great duty of the physician is to relieve pain, and not to inflict it, except it be for the purpose of saving life or cutting short other suffering.

Nowhere can it be claimed that it is ever within the scope of their professional duties to be a party to brutality. Military medical officers are appointed as professional men, for the purpose of exercising their profession, and in the exercise of that profession they are not subject to the orders of the line officers. What medical man would carry out a line of treatment in a given case because ordered to do so by his superior officer in the line? If the Colonel had ordered these medical men to cut off the leg of Private Iams, no doubt they would have refused, because it would have encroached upon their medical functions. By what process of reasoning these surgeons determined that the Colonel's orders had been complied with when the unfortunate man's pulse reached 120, it is hard to see. Why did they not order him down when his pulse reached 100? Or, when it began to rise above normal? Or, better yet, why did they not let the Colonel himself decide when the punishment was complete, and then step in to extend relief so far as they could?

Suppose they had blundered, and let the man hang so long as to end his life,

who would have been guilty of the murder, they or the Colonel? We care not what military law may be, it was the duty of these surgeons, as medical men, to refuse to carry out the orders of the Colonel, to tender their resignations on the spot if necessary, or even to suffer punishment for insubordination.

In their action, if it be correctly reported, the profession has been outraged.—*Journal Amer. Med. Association.*

THE present trouble at Homestead has been prolific in producing unpleasant and painful spectacles; but it seems to us that there has been nothing so barbarous as the punishment inflicted upon the soldier who dared to suggest the propriety of giving three cheers for the assassin of Mr. Frick. From a perusal of the account one would almost be led to the belief that the days of torture and thumb screws had not passed away.

While we can not sympathize with the sentiment of the man who desired to applaud attempted murder, much less can we sympathize with the brutality of tying a man up by the thumbs until he faints. Such barbarity should have no place in a civilized community, and the Colonel who ordered such punishment has disgraced his manhood and shown himself a bully and a tyrant. Further than this, we do not believe that legal justification for this act could be obtained from any right-minded judge.

The medical men figured in a very unenviable light in this affair, and the part they assumed is a degrading one for any member of our humane profession to undertake. We are sorry they allowed themselves to act as torturers to his majesty, the Colonel of the regiment, and believe that a second sober thought will convince them that they allowed themselves to be made parties to a despicable and cruel punishment. Doctors, we cry shame upon you!—*Lancet-Clinic.*

REPLY TO "ENLARGED PROSTATE A MYTH."—Mr. Editor, it may appear egotistic in me to further encroach on your space or patience, in reference to my own case; but, as I have already given your readers something of my experience up to January, 1891, I venture to obtrude still further though the subject may be hackneyed. In that article (January, 1891), I brought saw palmetto into notice, as having helped me more than anything

else I had ever tried, and felt very hopeful of its lasting effect, and can now say, that its action on the gland has been effective in preventing further enlargement, but it failed to relieve, except temporarily, irritation of the neck of the bladder and prostatic portion of the urethra; so I had to use the catheter occasionally.

Some four months ago my attention was called to a new remedy called "sanmetto," composed of saw palmetto and santal. As a drowning man will "grasp at straws," so I grasped at a bottle of the remedy, and have been using it for about three months, with great relief, for I have no use for the catheter now, and the deposit of mucus, instead of being an inch or more thick in a quinine bottle of urine, as formerly, is now nearly nil, and no pain or irritation in urinating. I think the combination of saw palmetto and santal is a happy idea—the former acting on the gland and the latter on the mucous membrane of the bladder and urethra.

It may lose its effect, as other things have, but it commends itself to my judgment, as covering the pathological conditions better than any other remedy I have tried. For the benefit of those who have written me on the subject, I can say it is pleasant to take the dose, a teaspoonful about three times a day.—H. Knapp, M.D., Lathrop, Cal., in *July Medical World.*

ARMY, NAVY AND MARINE HOSPITAL SERVICE.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from July 25 to August 8, 1892.

Leave of absence for four months is granted Major Charles Smart, Surgeon, U. S. Army.

Leave of absence for fifteen days is granted Captain Edwin F. Gardner, Assistant-Surgeon, U. S. Army.

The leave of absence for seven days granted Major C. E. Munn, Surgeon, U. S. Army, and extended thirteen days, is hereby further extended three days.

Major Alfred A. Woodhull, Surgeon, granted leave of absence for two months, to take effect on or about August 1, 1892.

By direction of the President, Passed Assistant-Surgeon Henry B. Pitts, U. S. Navy, is assigned, temporarily, to the charge of the Army and Navy General Hospital, Hot Springs, Arkansas, to take effect during the absence therefrom of Surgeon Woodhull, the surgeon in charge.

Captain William O. Owen, Jr., Assistant Surgeon, U. S. Army, leave of absence extended fourteen days.